



Department of Administrative Services
Trust Excellence Service
State Purchasing Office
200 Piedmont Avenue, SE, Suite 1308 West Tower
Atlanta, Georgia 30334-9010
Phone Number: 404-657-6000
Fax Number: 404-657-4528
Request for Proposal Number: 419-001-0000000012

Addendum Number: 02 Dated: March 11, 2004

Commodity or Service: Medicaid Fee for Service and Supplemental Rebate Programs
Requesting Agency: Department of Community Health
RFP Initially Mailed/Posted to Internet: 02/12/04
Purchasing Agent: Barry Shepard Telephone No: (404) 657-6000
RFP Due Date: March 19, 2003 Time: 1:00:00 PM EST

The attached information is made a part of this RFP. The purpose of this addendum is to provide the following:

CHANGE THE DUE DATE FOR PROPOSALS FROM 03/12/04 UNTIL 03/19/04. PROPOSALS ARE STILL DUE AT 1:00 PM EST. OFFERORS ARE ENCOURAGED TO CHECK THE GEORGIA PROCUREMENT REGISTRY WEBSITE, www.procurement.state.ga.us DAILY FOR CHANGES TO THE RFP.

Any offeror who has submitted a proposal before the posting of this announcement will be allowed to add to the submitted proposal.

Any questions regarding this matter are to be emailed to bshepard@doas.ga.gov . We apologize for any inconvenience and confusion caused as a result of this change.

Note please review carefully!

In the event of a conflict between previously released information and the information contained herein, the latter shall control.

NOTE: A signed acknowledgment of this addendum (this page) should be attached to your RFP response. A signature on this addendum does not constitute your signature on the original RFP document. The original RFP response must also be signed in the proper places.

Firm Name

Signature

Typed Name and Title

Date